



COMMONWEALTH OF VIRGINIA
DEPARTMENT OF STATE POLICE

WAIVER AGREEMENT AND STATEMENT

Pursuant to the National Child Protection Act of 1993, as amended, this form must be completed and signed by every current or prospective employee, volunteer and contractor/vendor, for whom national criminal history records are requested by a qualified entity under these laws.

I hereby authorize (**enter Name of Qualified Entity**) _____ to submit a set of fingerprints through the fingerprint vendor or mail along with this form to the Virginia State Police (VSP), for the purpose of accessing and reviewing Virginia and national criminal history that may pertain to me directly from the Virginia Central Criminal Records Exchange (CCRE) pursuant to Virginia Code section 19.2-389. By signing this Waiver Agreement, it is my intent to authorize the dissemination of any national criminal history record that may pertain to me to the qualified entity with which I am or am seeking to be employed or to serve as a volunteer, pursuant to the National Child Protection Act of 1993, as amended.

PLEASE COMPLETE AND SIGN.

If you have been convicted of a crime, describe the crime(s) and the particulars of the conviction(s) in the space below:

I am a current or prospective (check one): Employee Volunteer

Signature: _____ Date: _____

Printed Name: _____

Date of Birth: _____

Address: _____

City: _____ State: _____ Zip: _____

TO BE COMPLETED BY QUALIFIED ENTITY:

Entity Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Fax Number: _____

Email: _____

ORIGINAL MUST BE RETAINED BY QUALIFIED ENTITY